



Quarry Event Report Form

Concerns and information regarding a specific quarry event should be reported to the quarry representatives as soon as possible after the event by contacting the individuals listed below. A prompt report is necessary for prompt action.

Vulcan Materials, Inc.
Mr. Ron Lindner, Quarry Superintendent
5713 W. Rawson Avenue
Franklin, WI 53132
phone: (414) 421-2330
fax: (414) 421-7729

Franklin Aggregates (Payne & Dolan, Inc.)
Mr. Rick Nelson
P.O. Box 781
Waukesha, WI 53187
phone: (414) 425-0655
fax: (414) 425-4686

To file a written complaint to the City, complete the "Quarry Event Report Form" below and submit it either online or by printing and mailing (or fax) it to the City Clerk's Office.

Submit the completed form to:

City of Franklin
City Clerk
9229 W. Loomis Road
Franklin, WI 53132

or via fax at (414) 425-6428.

Please also mail or fax the completed form to the quarry representatives listed above.

In addition to general information, specific information is helpful to identify and evaluate consistent problem issues. Please provide all information relevant to the event being reported.

Any other questions can be directed to the City Clerk's Office at 425-7500.



Quarry Event Report Form

Name: _____ Phone: _____

Address: _____ E-mail: _____

Nature of Complaint:

☐ Blasting ☐ Dust ☐ Noise ☐ Truck Traffic ☐ Road Conditions ☐ Odor

☐ Other _____

Time/Location:

Date and Time of Incident: ____/____/____ :____ A.M. ☐ P.M. ☐

Where did you observe the event: _____

(Address or Description of Location): _____

Suspected Source of Event & Basis for Suspecting Source: _____

Description of Event: _____

Conditions at Time of Event: Approximate Temperature _____°F
Approximate Wind Speed _____ mph from the _____

☐ Mostly Sunny ☐ Mostly Cloudy ☐ Heavy Cloud Cover

☐ Raining ☐ Snowing ☐ Foggy ☐ Other _____

For Blasting Complaints: The following questions are intended to gauge the relative intensity of the ground motion of the event.

Did you feel the blast? ☐ No ☐ Barely Felt ☐ Clearly Felt ☐ Strongly Felt

Where were you when you felt it? ☐ Outside ☐ 1st Floor ☐ 2nd Floor ☐ Basement ☐ In a vehicle

		Comments
Did you hear it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did it rattle windows?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did it shake your house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did it cause any damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Did you submit this form to the 2 quarry representatives by either fax or mail? ☐ Yes ☐ No
Do you want a quarry representative to contact you? Yes No

Signature: _____

Date: _____